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CONFIRMATION NO. 4833

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|---|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/781,305  | <b>FILING OR 371(c) DATE</b><br>02/18/2004<br><b>RULE</b>   | <b>CLASS</b><br>514           | <b>GROUP ART UNIT</b><br>1623   | <b>ATTORNEY DOCKET NO.</b><br>Y03-100US |                                |
| <b>APPLICANTS</b><br>Yung-chi Cheng, Woodbridge, CT;<br>Hiromichi Tanaka, Tsuzuki-ku, JAPAN;<br>Masanori Baba, Kagoshima, JAPAN;<br><br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/448,554 02/19/2003<br><b>** FOREIGN APPLICATIONS *****</b><br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 05/15/2004</b> |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <input type="checkbox"/> Allowance-<br>Examiner's Signature Initials  |   | <b>STATE OR COUNTRY</b><br>CT | <b>SHEETS DRAWING</b><br>16   | <b>TOTAL CLAIMS</b><br>54               | <b>INDEPENDENT CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>Henry D. Coleman<br>714 Colorado Avenue<br>Bridgeport, CT06605-1601   |   |                               |   |   |                                |
| <b>TITLE</b><br>Anti-viral nucleoside analogs and methods for treating viral infections, especially HIV infections  |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>885   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |